

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No. 4002-3445/PC295.12

First Inventor Robert A. Farris

Title ANTERIOR CERVICAL PLATING SYSTEM

Express Mail Label No. EL 984 269 377 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:  
Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>				
17497 U.S. PTO 10/713949 303					
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>					
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal [Total Sheets 7]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
5. Oath or Declaration [Total Pages 12]	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney				
a. <input type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)				
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations				
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	13. <input checked="" type="checkbox"/> Preliminary Amendment				
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)				
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
Prior application information: Examiner: David Owen Reip Group / Art Unit: 3731					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number: OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Douglas A. Collier			Registration No. (Attorney/Agent)	43,556
Signature	<i>Douglas A. Collier</i>			Date	November 13, 2003

**Express Mail Label Number EL 984 269 377 US****Date of Deposit November 13, 2003**

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

*Patricia E. O'Leary*  
Signature of person mailing paper or file

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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004002-003445.DAC.250970  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$1280.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Robert A. Farris

Group Art Unit

Examiner Name

Attorney Docket Number 4002-3445/PC295.12

## METHOD OF PAYMENT

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number

23-3030

Deposit Account Name

Woodard, Emhardt, Moriarty,  
McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility Filing Fee	770
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$770)

## 2. EXTRA CLAIM FEES

Total Claims	34	-20** =	14	X	18	=	252	Extra Claims	Fee From Below	Fee Paid
Independent Claims	6	-3** =	3	X	86	=	258			
Multiple Dependent										

Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code		
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other Fee (specify)			
* Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type)

Douglas A. Collier

Registration No.  
(Attorney/Agent)

43,556

Telephone (317) 634-3456

Signature

Date November 13, 2003

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